UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Serial/Patent #					
3 Please refund the following fee(s):		ER BER	5 DATE FILED	6 AMOUNT	
Filing				\$	
Amendment				\$	
Extension of Time				\$	
Notice of Appeal/Appeal			ŕ	\$	
<pre>Petition</pre>			_ =1	\$ 130	
Issue				\$	
Cert of Correction/Terminal Disc.		0.		\$	
Maintenance				\$	
Assignment		*		\$	
Other				\$	
		7 TOTAL AMOUNT OF REFUND		\$	
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment 9 19 488				9880	
No Fee Due (Explanation):					
PTV unsplaced does					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: GULOD TITLE: TTTLE:					
SIGNATURE: PHONE: 303-919					
office:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:					
Instructions for completion of this form a	hander on the h	7	After comp	letion etteril	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) C

Office of Finance Refund Branch Crystal Park One, Room 802B

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